DO NOT WRITE ON THIS STUB

5a
7 - cy
7 - st
9b
9a
9c
10
12b
12a
13a
13b
13c & f
13e
13g
14
15
16
22b
23u
23 - sc1
23 - sc2
27d
27e - f
27g - st
27g - co
27g - cy
29a
29b

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

VS 300 Rev. 1/89
MO 580-0695 (1-89)

FOR USE BY PHYSICIAN OR INSTITUTION

NAME OF DECEDENT

FILED NOVEMBER 30, 1990

MISSOURI DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DELAYED

REGISTRATION DISTRICT NO. 121 REGISTRAR'S NUMBER 9999 235042

STATE FILE NUMBER 124 - 50-044025

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joseph Benjamin CUNNINGHAM JR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 6, 1950
4. SOCIAL SECURITY NO.: None
5a. AGE - Last Birthday (Years): 81
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): October 20, 1868
7. BIRTHPLACE (City and State or Foreign Country): Edina, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No ☐ Unk.
9a. PLACE OF DEATH (check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Residence ☐ Other (specify)
9b. FACILITY NAME (If not institution, give street and number): Rural Route #2
9c. CITY, TOWN, OR LOCATION OF DEATH: Bucklin
9d. COUNTY OF DEATH: Macon
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): Sarah Margaret King
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Farmer
12b. KIND OF BUSINESS OR INDUSTRY: Agriculture
13a. RESIDENCE - STATE: Missouri
13b. COUNTY: Macon
13c. CITY, TOWN, OR LOCATION: Bucklin
13d. ZIP CODE: 64631
13e. STREET AND NUMBER: Rural Route #2
13f. INSIDE CITY LIMITS: ☐ Yes ☒ No
13g. YEARS AT PRESENT ADDRESS: ☐ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Benjamin Cunningham Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Eden

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Sarah M. Cunningham
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Rural Route #2, Bucklin, Missouri 64631

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): Burial
20b. DATE OF DISPOSITION (Month, Day, Year): Oct. 9, 1950
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Masonic Cemetery
20d. LOCATION - City or Town, State: Bucklin, Missouri
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▶ Constant A. Larson
22a. NAME AND ADDRESS OF FACILITY: Larson Funeral Service 32 Oak Street, Bucklin, Missouri 64631
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶ a.	Coronary Thrombosis	15 minutes
DUE TO (OR AS A CONSEQUENCE OF): b.	Arteriosclerosis	years
DUE TO (OR AS A CONSEQUENCE OF): c.	Chronic Nephritis	years
DUE TO (OR AS A CONSEQUENCE OF): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year)
27b. TIME OF INJURY: M
27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ Yes ☐ No ☐ Unk.
27d. INJURY AT WORK? ☐ Yes ☐ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER

28a. (Specify): ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ D. C. Greer D.O.
28c. DATE SIGNED (Month, Day, Year)
28d. TIME OF DEATH: 10:45 p. M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Dr. David C. Greer, D.O. Bucklin, Missouri 64631
29b. MO. LICENSE NUMBER
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
32. REGISTRAR'S SIGNATURE: ▶ Garland H. Land
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): November 30, 1990

Filed on the basis of an affidavit of the son Aubrey Cunningham, copy of obituary & copy of services from the funeral home-passed away Oct. 6, 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed Constant A. Larson

Licensed Embalmer No. 1784

P.O. Address Bucklin, Missouri 64631

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

INSTRUCTIONS FOR SELECTED ITEMS

Item 9a - Place of Death

If the death was pronounced in a hospital, check the box indicating the decedent's status at the institution (inpatient, emergency room/outpatient, or dead on arrival (DOA)). If death was pronounced elsewhere, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If other is checked, specify where death was legally pronounced, such as a physician's office, the place where the accident occurred, or at work.

Item 13a-g - Residence of Decedent

Residence of the decedent is the place where he or she actually resided. This is not necessarily the same as "home state," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as the place of residence. If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in items 13a through 13g. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Do **not** use an acute care hospital's location as the place of residence for any infant.

Item 23 - Cause of Death

The cause of death means the disease, abnormality, injury or poisoning that caused the death, **not** the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. In **Part I** the **immediate** cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). **The underlying** cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify. In **Part II**, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

SEE EXAMPLES BELOW.

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Rupture of myocardium — Mins.
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute myocardial infarction — 6 days
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
c. Chronic ischemic heart disease — 5 years
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Diabetes, Chronic obstructive pulmonary disease, smoking

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year)

27b. TIME OF INJURY: M

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ Yes ☐ No ☐ Unk.

27d. INJURY AT WORK? ☐ Yes ☐ No ☐ Unk.

27e. DESCRIBE HOW INJURY OCCURRED

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cerebral laceration — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
b. Open skull fracture — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
c. Automobile accident — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☒ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year): 11/15/85

27b. TIME OF INJURY: 1 p. M

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☒ Yes ☐ No ☐ Unk.

27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.

27e. DESCRIBE HOW INJURY OCCURRED: 2-car collision-driver

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify): Street

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): Route 4, Jefferson City, Missouri